STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155723	A. BUILDING _____ B. WING _____	C 11/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER POINTE HEALTH CAMPUS	**3001 GALAXY DR EVANSVILLE, IN 47715**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaint IN00157110.

This visit was in conjunction with a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey, a PSR to the State Residential Licensure Survey, and a PSR to the Investigation of Complaints IN00154146 and IN00155668, all completed on 9/26/14.

Complaint IN00157110 - Substantiated. No deficiencies related to the allegations are cited.

Survey date:
November 3, 2014

Facility Number: 002280
Provider Number: 155723
AIM Number: 201068770

Survey Team:
Diane Hancock, RN -TC

Census bed type:
SNF: 27
SNF/NF 31
Residential: 41
Total: 99

Census payor type:
Medicare: 27
Medicaid: 8
Other: 23
Total: 58

River Pointe Health Campus was found to be in compliance with 42 CFR Part 483, Subpart B and

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00157110. Quality review completed on November 6, 2014 by Jodi Meyer, RN	F 000		